

## FACULTY OF PAIN MEDICINE

### AUSTRALIAN AND NEW ZEALAND COLLEGE OF ANAESTHETISTS

The Faculty of Pain Medicine, Australian and New Zealand College of Anaesthetists, invites applications from Fellows of the Faculty who are prepared to serve on the Panel of Examiners.

#### **Application requirements:**

1. Name, Dates of Fellowships
2. Curriculum Vitae
3. Currency of clinical practice including Hospital Appointments
4. Teaching involvement - past or present
5. Participation in your specialty College Maintenance of Standards Program
6. Particular areas of expertise or experience relevant to training in Pain Medicine
7. Particular contribution which may be made as an examiner
8. Good written and verbal skills, including basic computing skills
9. Ability to work as part of a team
10. Willingness to participate in examination preparation processes (including preparing written questions and OSCE/viva voce scenarios) throughout the year as well as attend at least one examination and long case assessment every 2 years.
11. Names and addresses of three referees, at least one of whom is a present or past Examiner or who is acceptable to the examination committee. The Board and/or Examination Committee reserves the right to obtain the input from further referees if required.

#### **Further information:**

1. Appointments are for a period of three years and re-appointment can be made by the Board subject to the recommendation of the Examination Committee and depending on the requirements of the Examination at the time.
2. In making appointments the Board may seek advice from other sources about the suitability of applicants.
3. In making appointments to the Panel, the Board will take into account the need for examiners with particular expertise or the need for a geographical spread of examiners.
4. The Board reserves the right to make the appointment of suitable persons by invitation.
5. New Examiners are normally appointed subject to observation at one Examination, attendance at an Examiners' workshop if no previous experience as an examiner, a probationary period of one year.
6. Under normal circumstances, Examiners will be appointed for a maximum of twelve years.

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**PANEL OF EXAMINERS - FORM OF APPLICATION**

**NAME:**

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**Home address**

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**Phone**

**Fax**

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**Email**

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**Business address**

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**Phone**

**Fax**

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**QUALIFICATION(S) WITH DATES:**

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**DETAILS OF APPOINTMENTS TO HOSPITALS (if applicable):**

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**DETAILS OF TEACHING INVOLVEMENT - BOTH PAST & PRESENT:**

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**DETAILS OF YOUR PARTICULAR AREAS OF EXPERTISE AND/OR EXPERIENCE:**

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**DO YOU PARTICIPATE IN AND MEET THE REQUIREMENTS OF YOUR SPECIALTY COLLEGE MAINTENANCE OF STANDARDS PROGRAM?**

Please Tick(✓)      Yes          No   

**HAVE YOU BEEN AN EXAMINER FOR YOUR PRIMARY SPECIALTY COLLEGE/FACULTY?**

Please Tick(✓)      Yes          No   

**IF YES, PLEASE INDICATE WHEN:**

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**HOW WOULD YOU RATE YOUR TENDENCY TOWARDS THE FOLLOWING?**

- |  |                    |                         |                    |
|--|--------------------|-------------------------|--------------------|
| • Understand the perspective and appreciate the feelings of others.                              | Dispassionate      | ----- ----- ----- ----- | Highly Empathetic  |
| • Complete all tasks and duties.   | Never Complete     | ----- ----- ----- ----- | Always Complete    |
| • To be influenced by personal opinions or feelings when considering facts or passing judgement. | Greatly Influenced | ----- ----- ----- ----- | Not Influenced     |
| • To be patient and to tolerate delay, problems and inconvenience.                               | Intolerant         | ----- ----- ----- ----- | Extremely Tolerant |
| • Avoid dogmatic beliefs or attitudes.   | Dogmatic           | ----- ----- ----- ----- | Open Minded        |
| • To treat all people equally and justly.  | Partial            | ----- ----- ----- ----- | Impartial          |

**INDICATE WHAT PARTICULAR CONTRIBUTION YOU BELIEVE YOU CAN MAKE AS AN EXAMINER:**

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**NAMES AND ADDRESSES OF THREE REFEREES, AT LEAST ONE OF WHOM IS A PRESENT OR PAST EXAMINER OR WHO IS ACCEPTABLE TO THE FPM EXAMINATION COMMITTEE:**

**1.**

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**2.**

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**3.**

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**Date:**

**Signature:**

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**This application must be accompanied by your Curriculum Vitae**